

PACIFIC NORTHWEST SOCIAL SCIENTISTS, LLC

Continuing Education Provider
Suicide Prevention Specialists
www.pnwsocialscientists.com

LGBTQIA+ SUICIDE PREVENTION

SYLLABUS

3.5-hour training
Self-guided practice and quizzes (.5 hours)
4 Continuing Education Units (CEUs)
\$39.99

www.pnwsocialscientists.com

Target Audience: Licensed professionals in the state of Washington

Sessions		Presenter
1) LGBTQIA+ Psychology of Gender for Suicide Prevention	Video & quizzes	Vanessa McNeill, MS Psychology
2) Suicide Assessment	Video & self-guided	Kathleen Little Leaf, MSW, LAC, and SWLC; Joseph Suchanic, LMFT; & Vanessa McNeill, MS Psychology & Suicide Prevention Specialist
3) Veterans Population	Video & self-guided	Vanessa McNeill, MS Psychology

Goals & Objectives

The overall goal of this training is to demonstrate how screening for and restricting access to lethal means effectively prevents suicides. By the end of these sessions:

Session 1: Participants should feel more comfortable with gender-affirming terminology, gain a deeper comprehension, appreciation, and humility for the complexities of the LGBTQIA+ umbrella (Helgeson, 2020), learn how to create an LGBTQ Affirming Clinic, and to identify suicide risks associated with gender identity and being a member of a marginalized community.

Session 2: Participants should have a working knowledge of the **Columbia Suicide Severity Rating Scale (C-SSRS)** and how to use it with a client or patient to assess risk of imminent harm, suicide risk (Brown et al., 2020). Participants will also obtain working knowledge of the **SOARS** questionnaire to identify non-suicidal self-injury (NSSI), and other self-injurious behaviors (Westers et al., 2023).

Session 3: Participants should comprehend LGBTQ+ veterans' experience within military culture, effective means restriction, and why restricting access to lethal means prevents suicides.

Curriculum Plan

Upon purchase of the curriculum, participants will obtain access to Pacific Northwest Social Scientists (PNWSS) online Learning Management Software system (LMS) uniquely developed and designed for this training.

The participant will work through 3 learning sessions in sequential order. Each session begins with a video-recorded presentation (Closed Captioning available). After the presentation, the participant is directed to True/False and Multiple-Choice quizzes designed to reinforce knowledges and skills acquired during the session. Some of the sessions include self-guided exercises for the participant to complete prior to moving on to the next section.

An 80% will be required to pass the quizzes and self-guided exercises, which can be repeated until a passing grade is achieved. Upon passing the quiz or exercise, the next session will be accessible until all sessions are completed. After the entire course is completed, the participant will receive the option to download a PDF version of their CEU *Certificate of Completion*. A copy will also be retained by PNWSS for four years in the event of auditing.

Note: The user will have the ability to leave in the middle of a session and return later. The user will also have multiple chances to achieve a passing grade within each session.

SESSION DESCRIPTIONS

Session 1: LGBTQIA+ Psychology of Gender for Suicide Prevention (110 minutes)

This session provides a psychology perspective: biology+psychology+social (bio/psycho/social) to contemporary LGBTQIA+ issues, including gender identity, terminology (including how to avoid unintended microaggressions), societal expectations, and stigma leading to suicidal ideation. The following topics are included in this presentation:

1. Gender from a social perspective (masculinity v femininity) (Helgeson, 2020),
2. Suicide risk and protective factors among LGBTQIA+ communities (<https://www.thetrevorproject.org/>),
3. Suicide prevention from a research perspective (intersectionality) (Helgeson, 2020),
4. Human biology from 3-weeks en utero (in uterus) – through adolescence, including hormones, ambiguous genitalia, sexual transitioning, and Intersex (Kalat, 2023), and
5. Resources on how to be a good ally and how to create an LGBTQ-welcoming office space for clients or patients <https://www.hrc.org/>.

By the end of this session, participants should have a basic comprehension of the five layers of biological sex (DNA, chromosomes, hormones, internal genitalia, and external genitalia) and what common human sex variations exist (hint: there are more than two) (Kalat, 2023).

Participants will also learn that gender is not something an individual wakes up and one day decides to change; as early as toddlerhood, individuals know their gender <https://isna.org/>. Finally, participants will gain a deeper comprehension, appreciation, and humility for the

complexities of each subgroup underneath the LGBTQIA+ umbrella. Mental Health resources (suicide prevention, book recommendations, websites, state and federal laws, and clinic posters) will be provided.

Session 2: Suicide Risk Assessment (70 minutes)

Objectives:

1. Identify risk and protective factors in suicide
2. Issues related to at-risk/vulnerable populations
3. Recognize risk and protective factors
4. Understand Suicide assessment and managing suicidal clients
5. Self-care

In this session, participants will learn how to conduct an assessment of a client's (or patient's) risk of suicide. Clinical recommendations will be made on suicide risk assessment and participant self-care. A **Decision Tree** is provided to walk the participant through our recommended policies and procedures to screen a client for acute and chronic suicide risk. The presenters will guide participants through appropriate screening tools:

1. Identifying depression (PHQ-9 Form)
2. How to identify risks, warning signs, and protective factors in suicide.
3. Identifying suicidal ideation (C-SSRS Short Form)
4. Imminent harm by lethal means/ Identifying active suicidality (C-SSRS Long Form)
5. How to Ask the Difficult Questions
6. Means Restriction
7. Resources
8. Warm Hand-offs
9. Continuity of Care
10. Participant's Self-Care

The suicide risk assessment process is detailed using the **Columbia-Suicide Severity Rating Scale (C-SSRS)** (See the *Resources* section for details), along with various risk components. Communication strategies, to use with clients or patients, will be demonstrated:

1. Common means, including lethality and impulsivity;
2. Objects, substances, and actions commonly used in suicide attempts;
3. Impulsivity and lethality of means; and
4. Communication strategies for talking with clients and/or their support people about lethal means restriction.

Recommended policies and **Crisis Intervention & Response** procedures will be covered, along with strategies for screening using the provided **Decision Tree**.

In addition, participants will learn that screening for and limiting access to lethal means prevents suicide. Participants will also learn to recognize and assess non-suicidal self-injuries (NSSIs) and other self-injurious behaviors (lethal and non-lethal), using the **SOARS** pocket card. (SOARS:

Suicidal Ideation; Onset, frequency, and methods; Aftercare; Reasons; and Stages of change) (Westers et al., 2023).

The session will finish by underscoring how to use the information gained during risk screening(s). **Resource Recommendations** are covered for connecting a client to a referral and maintaining a continuum of care.

Self-guided exercises using the C-SSRS are included in this section.

Session 3: Veterans Populations (30 minutes)

This session is specific to LGBTQIA+ Veterans and suicide. The following content includes population-specific data, risk and protective factors and intervention strategies. The following learning objectives will be covered:

1. Cultural Considerations—Brief Overview of Military Culture
2. Suicide Data (3 minutes)
3. VA Operation S.A.V.E. & Means Reduction* (12-minutes)
4. Resources (5 minutes)
 - a. Mental Health Services, i.e.
 - b. Veterans Crisis Line/Chat/Text a clinician can immediately access
5. Summary handouts provided

Self-guided exercises using the S.A.V.E. materials are included in this section.

***Operation S.A.V.E. Model & Means Reduction**

Signs of suicidal thinking should be recognized

Ask the most important question of all

Validate the Veteran's experience

Encourage treatment and Expedite getting help

Credit goes to VA Puget Sound Suicide Prevention Team

RESOURCES

Columbia-Suicide Severity Rating Scale (C-SSRS)

This scale was originally developed at Columbia University in 2011 (Salvi, 2021). The C-SSRS has been adopted by the Centers for Disease Control and Prevention, as well as many other National Suicide Prevention entities (Brown et al., 2020) to define and stratify suicidal ideation and behavior (Posner et al., 2011). It is widely used today in a multitude of community and healthcare settings, including but not limited to: First response agencies (e.g., police and fire departments), healthcare facilities, military installations, colleges and schools, correction facilities, hospital emergency rooms, in-take clinics, and outpatient settings (Posner et al., 2011).

Clinicians can assess whether a client’s or patient’s suicide risk is low, moderate, or high. The scale is designed to sort ideation and behaviors into four key constructs: severity of ideation, intensity of ideation, behavior, and lethality). These factors are well identified in the literature as predictive of suicide attempts and completions (Brown et al., 2020; Salvi, 2021).

One of the benefits of the C-SSRS is that it has been validated in multiple subpopulations (including children as young as 5, military veterans, and in multi-racial and multi-gender-oriented outpatient clinics) and translated into more than 30 languages.

Suicidal Ideation; Onset, frequency, and methods; Aftercare; Reasons; and Stages of change (SOARS)

SOARS is a brief questionnaire developed to identify nonsuicidal self-injury (NSSI). SOARS is effective in pediatric settings, as well as with adults (Westers et al., 2023).

“The aim of the SOARS curriculum is to provide guidance on (1) what questions to ask (based on research showing associations between NSSI and suicide); (2) why to ask these specific questions (based on theoretical frameworks such as the Interpersonal Theory of Suicide (Joiner, 2007)); (3) how to ask each question (based on counseling skills); and (4) how residents can remember each question (i.e., the acronym SOARS: Suicidality; Onset, frequency, methods; Aftercare; Reasons; Stage of change) . The model also recognizes the fast-paced nature of many clinics and the possibility of only having time to ask three questions, thereby highlighting the importance of asking about Suicide, Aftercare, and Reasons. The curriculum is grounded in contemporary research on NSSI” (Westers et al., 2023).

SPEAKERS

Vanessa McNeill, M.S. Psychology

In 2018, Vanessa McNeill launched Montana Social Scientists, LLC (MSS), providing Continuing Education (CEUs) to licensees through state Boards of Behavioral Health (LCPCs, LACs, LCSWs, LMFTs), Boards of Psychology, Offices of Public Instruction (teachers), and Boards of Nursing. Since Covid-19, most states in the U.S. now accept our Certificates for virtual workshops. McNeill has since expanded to Pacific Northwest Social Scientists (PNWSS), LLC offering Suicide Prevention Workshops.



Most states now have a minimum CEU requirement in suicide prevention for mental health providers. PNWSS offers unique virtual workshops (live and recorded) for suicide prevention, contracting with Subject Matter Experts from a variety of

disciplines to deliver presentations and education on the latest research and updated mental health protocols. PNWSS partners with organizations to raise mental health awareness and suicide prevention. PNWSS customizes classes and workshops to meet organization's needs, including offering group rates!

McNeill also has experience working directly with the CDC and DPHHS for grant evaluations. Over the past 7 years, Vanessa has taught live and online. She is currently an Adjunct Instructor of Psychology at University of Montana-Helena College. Her academic work experience (during her Master's program and after) comprised rigorous research and five subsequent journal publications in the area of suicide prevention. A complete C.V. is provided.

Kathleen Little Leaf, MSW, LAC, and SWLC

Kathleen is an enrolled tribal member from the Blackfoot/Blackfeet tribes, living in Cut Bank, Montana. She has worked within the health field and in Indian Health Services for over two decade and specializes in Mental Health and the facilitation of Addiction Prevention, Addiction Education and Addiction Recovery, Group facilitation, Individual Therapy, Native American Intergenerational Trauma Grief Recovery Groups, Native American 12 Step Groups, Corporate Cultural Awareness Trainings, Implementing Culturally Based Addiction/Mental Health Recovery Programming, Jail Diversion Cultural Programming, Addiction programming, Experience in Native American Jail Recidivism Research & Data Collection.



Kathleen has also provided support and testimony to groups and panels to the issues of Missing and Murdered Indigenous Women and men speaking on panels and providing awareness to the issues which has been plaguing Indian country for decades.

Trainings:

These classes are designed for non-Natives as well as Native Americans working with Native clients.

Breaking Down Cultural Barriers – Understanding Identity & the Impact of Boarding Schools on American Indian Clients – 3 CEUs

Native American Cultural Sensitivity for Suicide Prevention – 3 CEUs

Suicide Prevention BASICS – 2 CEUs

Walking the Red Road: Acknowledging the Trauma of Addiction and the Hopes for Spiritual Recovery from a Cultural, Holistic Lens – 3 CEUs

Cultural Awareness in Trauma-Informed Care: Connecting the Past to the Present for Informed Change in Native American Communities – 3 CEUs

MMIW & Human Trafficking – 3 CEUs

Advocacy 101 – 1 CEU

Joseph Suchanic, LMFT, Member Mt. Board of Behavioral Health, and owner of Guided Healing Trails in Missoula, Montana. Joseph is a member of the American Association for Marriage & Family Therapists and American Association of Christian Counselors. He has over 14 years of experience working with at-risk adolescents. He creates a safe-haven and allows them to look inside and learn about their potential and all they can be. Joseph has taught them and their families how to create lasting, healthy relationships. Joseph will provide insight into the C-SSRS long-form and having those difficult, uncomfortable (yet necessary) conversations.



RESEARCH AND DATA COMPILATION

We will track all aspects of this program through an online Learning Management Software (LMS) that has been added onto the business website. A detailed registration form is required upon purchase. The LMS database tracking software will enable us to collect the following data:

Participant Demographics

- Name [fill-in-the-blank]
- Email Address [fill-in-the-blank]

Participant Activity

- Date of Completion
- No. of Times to Complete Quizzes
- Scores for each quiz
- Cumulative scores

Privacy Policy

PNWSS is a Continuing Education Provider. We've integrated a new powerful learning management system (LMS) into our Wordpress website—[LearnDash LMS](#). When you purchase a class through our website, all of the activity is managed through this LMS add-on.

[LearnDash Privacy Policy](#)

Pacific Northwest Social Scientists and the associated Learning Management System software, LearnDash privacy policies can be found by clicking [here](#).

BY USING OUR LEARNING MANAGEMENT SYSTEM TO COMPLETE COURSES, YOU AGREE TO BE BOUND BY THIS PRIVACY POLICY. IF YOU DO NOT AGREE WITH ANY OF THE TERMS OF THIS POLICY, PLEASE DO NOT USE OUR SERVICES OR PROVIDE US WITH YOUR INFORMATION.

SCOPE OF POLICY

This privacy policy applies to how we collect, use, and disclose information from the following individuals:

- Customers – individuals who purchase or otherwise use our Services.
- Event/Marketing Participants – individuals who provide their information to us when they register for our webinars, subscribe to marketing material, participate in surveys or contests, or attend our other events.

INFORMATION WE COLLECT

Customers. We ask for your information, which may include your name, email address, physical address, and credit card information, to enable us to create an account for you and provide you our Services. By providing us with this information, you represent that you own and consent to our use of such personal information. When you use our Services, we may automatically collect information about how and where the Services are used, including but not limited to geolocation data, versioning, site health information, configuration settings, and reporting (collectively, “Usage Data”). You understand that this Usage Data may include limited personal information, and therefore you represent and warrant that if you opt into the collection of this Usage Data, you have made all necessary disclosures for the collection of Usage Data.

Event/Marketing Participants. We may ask for your name, email address, physical address, and phone number to enable you to participate in events, surveys, contests, or to subscribe to marketing materials. Such participation is voluntary and you may choose whether or not to participate and therefore disclose this personal information.

HOW WE USE YOUR INFORMATION

We use the information we collect about you in the following ways:

- To respond to any requests from you, including those regarding sales and support.
- To contact you regarding any agreements or accepted terms that you may have with us for the Services.
- To provide you with marketing emails, special offers, advertising campaigns, or newsletters.
- To understand how our Services and Website are used.
- To provide you with information logs associated with the use of our Services.
- To contact you regarding functionality changes to our Services or Website.
- To improve our offerings, including developing new features and functionality for our Services and Website.
- To collect payment and bill for our Services.
- To help personalize searches.
- To diagnose and troubleshoot problems.
- To find and prevent fraud.
- To carry out other purposes as disclosed to you through the Website, or found in terms or an agreement between us and you.
- To process the information for other purposes for which we obtain your consent.

HOW WE SHARE INFORMATION

We commit to protecting your privacy and will not share your information with any third-parties. The personal information we collect from you will remain unreported with the exception of any requirements determined by your licensing agency that are necessary for continued licensing. Your personal information will be retained for four years in the event you are ever audited and need certificate copies. After four years, all personal identifiable information will be permanently destroyed.

Reports will be provided to licensing agencies aggregating number of attendees, types of licenses, and numbers of attendees passing. No personal, identifiable information will be provided in these reports.

DATA RETENTION AND SECURITY

When we no longer have a legitimate business need (e.g. termination of a Customer agreement) to process your personal information, we will either delete or de-identify it.

We take all reasonable steps to protect information we receive from you from loss, misuse or unauthorized access, disclosure, alteration, and/or destruction. We maintain technical, physical, and administrative safeguards to secure your information, and we use industry standard encryption for your data that is transferred over the internet. Despite our use of encryption, we cannot guarantee any method of transmission of information over the internet is 100% secure.

A copy of your Certificate of Completion will be kept on file for four years. In the event you are ever audited, a copy will be made available to you.

FINANCIAL INFORMATION

Pacific Northwest Social Scientists does not retain any financial account or credit card information. A third-party financial institution, PayPal, collects this information.

Reports & Records

Pacific Northwest Social Scientists will develop reports and analyzing metrics regarding numbers of participants, and how many users accessed, attempted, and completed the training.

Policies and procedures are in place for maintaining training and testing records through the LMS. Pacific Northwest Social Scientists will generate reports on a monthly, quarterly, and annual basis to monitor activity, scores, and feedback.

LMS Monitoring

The key feature of the LMS will be enabling us to scrutinize the session quizzes. Updates, modifications, and design changes will be based off what we learn from participants responses to survey questionnaires and testing results. Some queries we are interested in include ensuring the word choices and questions are reinforcing the knowledges and skills presented within the sessions. Section quiz questions will provide opportunity for skill building by basing questions off previous answers. Key questions may be reworded and reused in other sessions. Questions and the potential answers will reiterate key concepts. Using principles from Psychology, we will pay attention to primacy and recency of information (which we can observe using the LMS). For example, “How many times does the average user take to get the right answer(s)?” If it is a lot and the information was delivered early (primacy) in the presentation, perhaps a review at the end (recency) in order for participants to better retain key objectives or concepts. Each question will be tied to a learning objective. This will enable us to determine whether there are areas within the training that are not sufficiently covering the objective(s).

We can also generate reports that look at problem learning areas. Perhaps we find a correlation where a high percentage of participants are repeatedly missing questions on the SOARS. We can use this information to update the video and any corresponding quiz questions. We can also email previous participants the updated information (for participants who take the training within the same calendar year a major training modification is made).

Refund Policy

Refunds are taken on a case-by-case basis. With virtual classes, the customer may access the class at any time within the year of purchase, and therefore are rarely occasions where a refund would be issued after-the-fact, as the customer will receive the training and subsequent certification.

With in-person trainings, payment is made in advance, if the customer cancels within:

- 30 days prior to the event, the entire amount will be refunded minus a \$15 handling fee.

- 14 days prior to the event, 50% will be refunded.
- No refunds will be issued for cancellations less than 14 days in advance.

Exchanges can be made and will also be taken on a case-by-case basis. Typically, any class paid for by the customer may be exchanged for another class of equal value (i.e. the same number of CEUs).

ADDITIONAL INFORMATION

A description of the method of selecting future instructors.

As a Continuing Education Provider, Pacific Northwest Social Scientists collaborates often with clinically licensed training professionals and can provide alternate instructors in the event one of the original instructors is unavailable to update a recording segment.

CITATIONS

[Brown, L. A., Boudreaux, E. D., Arias, S. A., Miller, I. W., May, A. M., Camargo, C. A., Bryan, C. J., & Arney, M. F. \(2020\). C-SSRS performance in emergency department patients at high risk for suicide. *Suicide and Life-Threatening Behavior*, 50\(6\), 1097–1104. <https://doi.org/10.1111/sltb.12657>](#)

[Helgeson, V. S. \(2020\). *Psychology of gender* \(Sixth edition\). Routledge, Taylor & Francis Group.](#)

[Joiner, T. \(2007\). *Why people die by suicide* \(First Harvard University Press paperback edition\). Harvard University Press.](#)

[Kalat, J. W. \(2023\). *BIOLOGICAL PSYCHOLOGY*. CENGAGE LEARNING.](#)

[Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. \(2011\). The Columbia–Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings From Three Multisite Studies With Adolescents and Adults. *American Journal of Psychiatry*, 168\(12\), 1266–1277. <https://doi.org/10.1176/appi.ajp.2011.10111704>](#)

[Salvi, J. \(2021\). *Columbia-Suicide Severity Rating Scale \(C-SSRS\)*.](#)

[Westers, N. J., Needham, H. E., & Walsh, J. B. \(2023\). Effectiveness of a Curriculum for Pediatric Residents to Address Adolescent Nonsuicidal Self-Injury. *Academic Psychiatry*, 47\(1\), 18–24. <https://doi.org/10.1007/s40596-022-01684-3>](#)